

Integrating Substance Abuse Treatment and the Juvenile Justice System

Project Components:

Abstract

Problem

Goals & Objectives

Strategies

3-year plan

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Abstract

The basic problem addressed by this project is that Missouri youth adjudicated by the juvenile courts or committed to the custody of the Division of Youth Services need additional substance abuse intervention and treatment services and resources that the system is currently unable to provide. The Mid-America Addiction Technology Transfer Center's response to this problem is to help juvenile courts and the Division of Youth Services integrate substance abuse treatment in existing systems and enhance the knowledge and skills of current staff to work with substance abusing youthful offenders. We will do this by sponsoring and facilitating a variety of training and program development initiatives, by facilitating highly-structured statewide and regional collaborative networks to improve coordination of services, and by bringing evidence-based practices and models to service providers throughout the state.

The number of youth committed to the Missouri Division of Youth Services increased just over four percent from Fiscal Year 1997 to 1998, the last year for which data is available. But the increase was 35 percent over FY 1993. More troubling of all, however, was that the percentage of youths committed for the most serious felonies increased by 75 percent from 1997 to 1998. Eighty six percent of all youths committed were male and the average age was 15 years. The average schooling attained was 8.8 years. Fifty-seven percent of commitments were from a single-parent home.

There are 45 judicial juvenile circuits in Missouri. Thirty-five of these circuits are administered by the Office of State Courts Administrator and employ approximately 1500 staff, of who about 700 are juvenile officers. The other ten juvenile circuits are largely located in metropolitan areas and are locally administered, and employ approximately 700 staff in total. In addition to the juvenile courts system, the Division of Youth Services operates nine detention facilities and 25 group homes, employing approximately 850 front line staff, including teachers. Nearly 1,000 youth are detained in the detention centers and group homes.

Although the Office of State Courts Administrator manages an ongoing judicial education program for juvenile courts, there is no substance-abuse specific education and training program aimed specifically at juvenile justice staff. And, although substance abuse issues are addressed as an aspect of the juvenile's general assessment, none of the facilities in the juvenile circuits or the Division of Youth Services (DYS) have discrete, formalized substance abuse treatment programs.

Our strategy for building substance abuse treatment capacity in the juvenile justice system will be to bring together existing models, best practices, tested education and training curricula, technical support functions, and key stakeholders. From this storehouse of existing and already developed resources we will create a systematic and rational developmental process that integrates substance abuse treatment into the existing juvenile justice system. Our implementation strategy will be to work at the statewide level toward building collaborative relationships and changing directions of existing systems from the outset of the project. At the same time, we will work locally to increase skills and knowledge among front line workers and to develop capacity at the local level.

Problem Statement:

The possession and use of alcohol and other drugs is illegal for all youth. Because of the fundamental link between delinquency and substance use, many of the young people involved in substance use end up in the juvenile justice system. Substance abuse and delinquency are also linked by their common antecedent factors: school and family problems, negative peer groups, lack of neighborhood and social controls, and history of physical and sexual abuse. In addition, substance abuse is also associated with violent and income-producing crime by youth, increasing community fear and a demand for juvenile and criminal services. And so the cycle goes on.

Although adolescent drug use generally is down some from the peak levels in 1996 and 1997, the 1999 Senior Survey reports that the lifetime prevalence for any illicit drug use among high school seniors was 54.7%, which is higher than at any other time, and slightly increased over 1998. For seniors, the lifetime rate of use for alcohol was 80.0%; for cigarettes, 64.6%; and marijuana, 49.7%. This compares to senior lifetime use in Missouri of alcohol, 80.8%; cigarettes, 72.1%; and marijuana, 53.3%.

Use of alcohol in the past thirty days for seniors nationally was 51.0%, compared to 57.2% for Missouri seniors. Marijuana use in past thirty days nationally was 23.1% compared to Missouri senior use of 24.5%. All levels of use of all drugs being monitored for 8th, 10th, and 12th graders remain too high for us to reduce the intensity with which we continue to address adolescent drug use.

Also, in spite of recent decreases in the rate of adult crime in the United States, the amount and character of juvenile crime continues to be troublesome. One only has to recall the recent events at Columbine High School and other communities around the country to realize that something dark lurks in the American adolescent experience. In Missouri, (as in many other places,) juvenile justice officials have described the typical adjudicated youth as being more troubled and more dangerous than those in custody ten or fifteen years ago.

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Juvenile Court Referral trends from 1993 through 1998 show increases in almost every violation category, as shown by the following:

Juvenile Court Referrals - Missouri

	1998	1997	1996	1995	1994	1993
Law Violation Referrals – Total	48,371	49,402	46,301	43,719	40,792	43,068
Violent Offenses	12,618	12,541	10,608	9,830	8,951	
Alcohol Offenses	1,699	1,189	1,672	1,490	1,678	1,485
Drug Offenses	3,319	3,292	3,172	2,689	1,861	1,291
Other Law Violations	30,735	31,880	30,849	29,710	28,308	

The connection between youth substance use and juvenile crime is well established. Speaking to the National Assembly on Drugs, Alcohol Abuse, and the Criminal Offender in December 1999, Jeremy Travis, Director of the National Institute of Justice, said that between 40 and 70 percent of juveniles are on drugs at the time of their arrest. Further, the National Institute of Justice in the report, “Breaking the Cycle of Drug Use Among Juvenile Offenders (November, 1999) cites Arrestee Drug Abuse Monitoring Program Data as strongly suggesting a high proportion of juveniles (likely the majority) processed by the juvenile court have recently used illegal substances. The report goes on to say that

“Juvenile alcohol and other drug use appears to be related to recurring, chronic, and violent delinquency that continues into adulthood. The juvenile justice system is, therefore, a viable point of entry for a comprehensive collaborative service system designed to break the juvenile drug-crime cycle.”

The recent Center for Substance Abuse Treatment publication, “Strategies for Integrating Substance Abuse Treatment and the Juvenile Justice System: A Practice Guide,” iterates this concern: “For those worried about juvenile crime, adolescent substance abuse is a cause for concern. Research has established a substantial correlation between substance abuse and juvenile delinquency.” The report goes on to cite a prestigious and impressive body of literature that has examined this relationship and quotes a major research study as saying,

“Estimates of the prevalence rates [of substance abuse] among juvenile offenders are at least five times higher than rates for the general population and have not shown any evidence of decreasing in the past few years.” (1994)

Appropriate substance abuses treatment services are found in few local juvenile justice systems. (National Institute of Justice, 1999.) Studies have found that treatment for substance abuse is available in less than forty percent of juvenile detention, correctional, and shelter facilities in the United States. In 1995 the Center for Substance Abuse Treatment found that although juvenile courts have historically functioned within a framework of community social services and treatment agencies, these networks’ responsiveness to substance abusing youth has at best been inconsistent in meeting the needs of courts, youth and families. Therefore, our primary population for this project is all the Division of Youth Services Staff, and approximately 1,000 of the deputy juvenile officers in the Circuit Courts.

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group homes, employing approximately 850 front line staff, including teachers. Nearly 1,000 youth are detained in the detention centers and group homes.

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In the short run, increasing formal adolescent treatment services in the State of Missouri to address the unmet needs of adjudicated delinquents is not always feasible. More feasible strategies for improving the level and quality of substance abuse services are to:

- integrate substance abuse treatment and the juvenile justice system by improving the knowledge and skills of existing staff to address substance abuse issues,
- enhance the capacity of the system to accurately assess and respond to substance abuse problems among youth, and
- build partnerships and collaborative ventures between juvenile justice staff and other community care-giving systems to create increased efficiencies and synergistic resource bases.

The Center for Substance Abuse Treatment maintains that

“In contemporary juvenile justice systems in which substance abuse treatment services are planned, training is of paramount importance. Training relates not only to practice skills, but also to systems change and working across systems as “boundary spanners” who are able to navigate within systems. Experienced professionals in the field of juvenile justice and substance abuse treatment talk extensively about the importance of accessing skill-based training, in addition to networking through conferences in order to share information, get ideas, and explore new opportunities” (CSAT, 1998.)

The basic problem addressed by this project is that Missouri youth adjudicated by the juvenile courts or committed to the custody of the Division of Youth Services need additional substance abuse intervention and treatment services and resources that the system is currently unable to provide. The Mid-America Addiction Technology Transfer Center's response to this problem is to help juvenile courts and the Division of Youth Services integrate substance abuse treatment in existing systems and enhance the knowledge and skills of current staff to work with substance abusing youthful offenders. We will do this by sponsoring and facilitating a variety of training and program development initiatives, by facilitating highly-structured statewide and regional collaborative networks to improve coordination of services, and by bringing evidence-based practices and models to service providers throughout the state.

Goals and Objectives:

Goal 1: Assess the needs, gaps and barriers within and among systems that result in multiple, fragmented, overlapping, and disjointed systems and programs serving delinquent youth in Missouri.

Objective 1: Within one month of startup appoint a Project Coordinating Council to provide input and advice from the field to the MATTC as the project is carried out.

Discussion: See Strategy 3, below.

Objective 2: Within three months of startup sponsor a work session of the project coordination council which will identify the primary needs and gaps in substance abuse services for adolescents in the juvenile justice system.

Discussion: MATTC has developed a systems assessment process called, “Truths, Trends and Unique Ideas,” which is a formal process for identifying major issues and trends in a specific program area, then focusing on problem solving strategies. One of the tasks of the Project Coordination Council will be to use this process to assess initial needs and problems.

Objective 3: Within six months of startup the Project Coordinating Council will use the CSAT/Denver Juvenile Justice Integrated Treatment Network Practice Guide to begin a planning process to integrate treatment/juvenile justice services in Missouri.

Discussion: MATTC believes this document is an excellent guide for building capacity in the Missouri juvenile justice system. We will use it as a guide in carrying out the tasks and activities of the project, and in developing collaborative relationships as a function of the Project Coordination Council.

Objective 4: By the end of year MATTC will sponsor appropriate training and/or coordination activities in each service region to address gaps and barriers in services.

Discussion: We find that excellent training models and resources currently exist that can be applied following assessment of needs. In the first year we will concentrate on a single region (Northeast Region) for implementation of project activities. By the end of the second year we will have broadened the scope of the project statewide.

Goal 2: Identify models based on practice and research wisdom to provide more effective youth substance abuse service delivery.

Objective 1: Use the Project Coordinating Council to review existing models and advise on their applicability to Missouri’s juvenile justice system needs.

Objective 2: Develop a special track for juvenile justice training in the MATTC catalogue based on best practices and research-driven information.

Discussion: Refer to Strategy 4, below.

Objective 3: In year one sponsor the GAINS Center curriculum, “Working Together for Change: Co-Occurring Mental Health and Substance Abuse Disorders Among Youth Involved in the Juvenile Justice System” in the Northeast Region.

Discussion: See Strategy 2, below.

Objective 4: Develop a system for providing follow up technical assistance (Internet and on-site) to individual jurisdictions and facilities needing systems development support.

Discussion: See Strategy 5, below.

Goal 3: Build commitment among juvenile justice and community-based substance abuse treatment systems to improve inter-agency relationships and new partnerships.

Objective 1: In year one appoint a Project Coordinating Council representing juvenile justice and substance abuse services, training, and youth advocacy professionals to steer development of project deliverables.

Discussion: See Goal 1, Objective 1, above. A second purpose of the Project Coordinating Council will be to function as a statewide collaborative network for developing interagency relationships at policy and administrative levels. A proposed list of Council members is included below in the description of Project Strategies.

Objective 2: Within thirty days of startup develop a schedule of coordinating council meetings that will offer a structure for leaders to identify new levels of coordination and create opportunities for new partnerships.

Objective 3: By the end of year one develop in each service region a regional coordination network to give juvenile justice and community resources a regular opportunity to come together for the purpose of sharing information, cross-training, and reviewing emerging issues.

Discussion: See Strategy 6, below.

Objective 4: Develop in each project year a schedule of in-service education presentations for the quarterly meetings of the regional coordination network.

Discussion: Rather than plan statewide training programs or conferences, we will focus on developing staff regionally, thus enhancing local relationships and creating more effective partnerships at meetings between juvenile justice and local treatment providers.

Goal 4: Increase knowledge, skills and attitudes of front line staff for providing services to substance-abusing youth.

Objective 1: In year one recruit one hundred participants to participate in MATTC catalogue courses from juvenile courts and DYS facilities.

Objective 2: Design for inclusion in the MATTC Substance Abuse Training Catalogue at least three new juvenile justice courses which will help front line staff meet education and training requirements for counselor certification in Missouri.

Objective 3: In each project year increase the number of Juvenile Justice participants in substance abuse training.

Objective 4: By the end of year one provide a baseline training to at least two hundred Division of Youth Services and juvenile court staff.

Discussion: See Strategy 1, below. In the first year priority will be given to training staff in the Northeast Region. An important feature of this objective is that Baseline Training will also increase staff understanding of the risk and protective factor framework, preventive interventions, and prevention-focused activities that may be appropriate for youth that are not in need of substance abuse treatment.

Objective 5: By the end of year three provide a baseline training to at least six hundred Division of Youth Services and juvenile court staff throughout all 5 regions.

Objective 6: Sponsor special presentations or workshop offerings in existing statewide training conferences such as the Missouri Juvenile Justice Association Spring or Fall Conference.

Program Strategies:

Our fundamental strategy for building system capacity is to develop specific work plans with input and support from the Project Coordinating Council. These work plans would include:

- Building capacity within the developing network by integrating knowledge and skills of regional coordinating networks.
- Provide necessary training and electronically assisted technical support (by way of the MATTC Internet site) to enhance the knowledge and skill levels of individuals who work with substance abusing, or high-risk juveniles within the juvenile justice system.
- Develop groundwork for broad needs assessments and networking collaboration models.
- Integration of a juvenile justice training track within the MATTC catalog to enhance the effectiveness and longevity of available services within the developing network.

Our strategy for building substance abuse treatment capacity in the juvenile justice system will be to bring together existing models, practice guides, tested curricula and training curricula, technical support functions, and key stakeholders. From this storehouse of existing and already developed resources we will create a systematic and rational developmental process that integrates substance abuse treatment into the existing juvenile justice system. Our implementation strategy will be to work at the statewide level toward building collaborative relationships and changing directions of existing systems from the outset of the project. At the same time, we will work locally to increase skills and knowledge among front line workers and to develop capacity at the local level. In the first year of the project we will focus on the Northeast Region. This will allow us to test our applications and identify implementation difficulties in a manageable area before moving statewide. We anticipate that we will be prepared to use all the strategies in all areas of the state by the beginning of the second year. The following summarizes the major program strategies and components of the project:

Strategy 1: Provide a baseline training to front line juvenile justice staff. This is a one-day basic training about substance abuse for social service providers with no background in substance abuse, community volunteers, teachers, juvenile justice personnel and other persons interested in a basic understanding of substance abuse. The curriculum we will use is adapted from STAR Baseline, which was designed and tested by the Ewing Marion Kauffman Foundation, Kansas City. It is highly experiential. In addition to providing basic information about substance use and abuse, the disease concept, and treatment approaches, it focuses heavily on each participant's self examination of their personal attitudes, beliefs, and values related to all aspects of alcohol, drug, or tobacco use. Special emphasis is given to the risk and protective factor framework, with attention to those preventive interventions appropriate for youth that are experimenting with drugs or otherwise involved, but do not yet need treatment. We will target all DYS staff and approximately 1,000 juvenile officers over the three years.

Strategy 2: Train juvenile facility direct care staff in the GAINS Center Curriculum, "Co-Occurring Mental Health and Substance Abuse Disorders Among Youth Involved in the Juvenile Justice System." We will deliver this curriculum in the Northeast Region in year one and in all the service regions of the state by the end of the third year. This curriculum is an adaptation of the cross training developed by Patricia Griffin, Ph.D., Roger Peters, Ph.D., and Holly Hills, Ph.D. The original work appears in Schnoll, S.H. and Reiner, S.M. (Eds). (1996): *Criminal Justice/Substance Abuse Cross Training: Working Together for Change*. Richmond, VA, Virginia Addiction Technology Transfer Center, Virginia Commonwealth University. The curriculum is designed to be a two-day cross training for individuals working within the mental health, substance abuse, and juvenile justice systems. The curriculum focuses on issues specifically related to youth in the juvenile justice system with the co-occurring disorders of mental illness and substance abuse:

- *Overview of youth in the justice system with co-occurring disorders*
- *Screening and assessment strategies*
- *Treatment strategies*
- *Better integrating systems*

The curriculum is designed to be presented as a two-day package, but the training can be shortened or lengthened depending on the particular needs of a jurisdiction. This training package has become more and more important as increased numbers of youth involved in the justice system manifest mental disorders in addition to substance use problems and delinquency.

Strategy 3: Convene a Project Coordinating Council for the Life of the Project. This council serves a twofold purpose. First, it will provide important input and advice from the field to the MATTC as the project is carried out. Second, the structure and function of the council will provide an opportunity for MATTC to facilitate greater cooperation and collaboration between systems, identify barriers and gaps, and build support for increasing substance abuse treatment capacity in the juvenile justice system in Missouri. This will be possible because the council will include policy makers and leaders from all major aspects of juvenile justice activity in Missouri.

We will work with the council to develop their understanding, commitment to, and ultimate advocacy for the “Critical Components of Programs Working with Substance Abusing Juvenile Offenders” (CSAT, 1999, pp. 6-7). Those components that will be of particular salience to the Missouri juvenile justice system include:

- *Using treatment models based on research and evaluation*
- *Screening to identify youth early in the system, including a comprehensive assessment that evaluates the youth’s risks, needs, strengths, and motivation*
- *Developing an individual treatment plan that considers the youth’s age, culture and gender*
- *Providing overarching case management across systems and over time*
- *Involving family in all aspects of the youth’s treatment*
- *Structuring a system of care that encompasses a youth’s transition from institution to community*
- *Developing interagency collaboration involving communities creating partnerships between the juvenile justice and treatment communities*
- *Providing interdisciplinary cross-training to staff, management, and the community*
- *Using resources effectively*
- *Incorporating strategic planning at all points of program development and implementation*

The proposed makeup of the Project Coordinating Council is as follows:

Name	Position	Affiliation
Mark Steward	Director	Division of Youth Services
Vicky Weimholt	Deputy Director	Division of Youth Services
Kit Glover	Education Supervisor	Division of Youth Services
Greg Carman	Regional Training Specialist	Division of Youth Services
Ann Wilson	Substance Abuse Coordinator	Office of State Courts Administrator
Nadine Abernathy	Juvenile Education Specialist	Office of State Courts Administrator
Linda Evans, J.D.	Director of Judicial Education	Office of State Courts Administrator
Julie Cole-Agee	Executive Director	Missouri Juvenile Justice Association
Michael Couty	Director	Division of Alcohol and Drug Abuse
Ed Morris	Children’s Services Coordinator	Division of Comprehensive Psychiatric Services
Debbie McBaine	Training Coordinator	Division of Alcohol and Drug Abuse
Alex Holsinger, Ph.D.	Professor	University of Missouri-Kansas City
Gart Pollard	Deputy Director	Division of Alcohol and Drug Abuse

Strategy 4: Broaden the MATTC-UMKC Annual Substance Abuse Training Catalogue to include juvenile justice coursework. Since 1984 UMKC has provided an annual workshop-based catalogue of substance abuse courses for the substance abuse field in Missouri. The courses are selected annually based on regional needs assessments of training and staff development needs in substance and criminal justice programs. The courses bring the latest findings from research and evaluation quickly to program practitioners, provide relevant specialized not available elsewhere education to front line workers, and are coordinated with the education requirements for certification by the Missouri Substance Abuse Counselors' Certification Board, Inc. Course work is currently offered in the following specialty tracks:

- **Interdisciplinary:** Courses designed to help professionals in all disciplines develop an understanding of chemical dependency.
- **Basic Counselor Preparation:** Courses that focus on the needs of beginning counselors and help them meet certification requirements for the beginning levels of certification. Recommended as prerequisites for all counselors.
- **Professional Development I:** Courses that reflect the continuing educational needs of developing counselors or those in the process of becoming certified.
- **Professional Development II:** Advanced coursework that provides specialization or higher levels of expertise for already licensed professional counselors or Certified Substance Abuse Counselors.
- **Specialization in Corrections:** Courses needed to work more effectively with clients in the correctional system.
- **Specialization in the Prevention of Substance Abuse Disorders:** Courses designed for professionals working with youth, families, and communities.
- **Management/Leadership:** Courses provided in collaboration with the National Leadership Institute.

The annual catalogue typically contains about fifty courses delivered more than one hundred times throughout the State. For purposes of this project we propose to develop a specialty track to meet the needs of juvenile justice workers and personnel. The specialty track will incorporate existing coursework as appropriate and introduce a minimum of three new juvenile-justice-specific workshops. As an incentive to participate, staff of the Division of Youth Services and Deputy Juvenile Officers of the Circuit Courts will be given a substantial discount from the usual registration fees.

In developing courses to make up this specialty track we will focus on Emerging Models, as identified in the CSAT Practice Guide (pp. 55-57.) Those models include

- *The strengths perspective, with focus on juvenile programming with the “strengths-based bill of rights for youth in the juvenile justice system”*
- *Restorative justice model, with its emphasis on the three goals expected of the juvenile justice system: competency, public safety, and accountability*
- *Multisystemic Therapy for working with families of serious juvenile offenders. (Family preservation programs are currently available through the state mental health system, but need further development as resources to the juvenile justice system)*

In addition to these emphases, course work identified and implemented in this specialty track will continue to prepare counselors and caregivers to provide general screening, assessment, and treatment planning for youthful offenders. Because our approach is to create additional capacity in existing systems, rather than develop new levels and amounts of treatment availability, case management will of necessity be a fundamental function for ensuring that youth receive appropriate individualized services. The Iowa Case Management Model identified in the CSAT Practice Guide is one that holds promise for Missouri's system. Case management is a cornerstone activity in the State's Medicaid-based substance abuse treatment system. In addition, brief solutions to therapy are approaches for which we have provided training in the past.

Strategy 5: Create a juvenile justice technical assistance system to provide relevant and timely substance abuse information and consultation to front line staff. We will develop a bank of juvenile justice and substance abuse experts available for program-related technical assistance on short-notice basis to juvenile justice providers throughout the state. An Intranet site for juvenile justice workers will be established within the MATTC web site. The Intranet will contain a library of resource materials for adolescent substance abuse treatment and a calendar of events for project activities. At this site we will also maintain a forum for posting of questions or requests for information. Level one technical assistance will be on-line to requests for information and assistance. For those requests that require more personal interaction, telephone discussions will constitute the second level of technical assistance. On-site technical assistance will be made available by project staff for needs that cannot be met by email or telephone. On site-technical assistance may take the form of direct visit to the program; assignment of program staff to attend a scheduled training event, or development of a special emphasis training or in-service education programs at local levels.

Strategy 6: Create a regional services coordination network in each of the 5 DYS regions. For several years MATTC has coordinated similar networks for criminal justice/community treatment providers serving adult offenders. The network is built around a quarterly centralized meeting in which community treatment providers and criminal justice and corrections staff come together for a structured process that allows sharing of information and program updates. Each meeting also includes a special training seminar on a topic selected by the group. Regional issues are identified and discussed, interagency issues are clarified and discussed in a problem-solving format, and trends and emerging issues are identified so programs can be prepared for change. Contact hours are awarded with a certificate of completion for counselor certification requirements. We plan to initiate a similar network focused on juvenile justice issues in each region.

Membership in the regional network will be open to anyone with a substantive interest in the goals of the project. We will encourage a diversity of legal, faith, educational, treatment and social services providers (such as Boys and Girls Clubs, community youth centers) involvement. However, we anticipate in each region the network will be built around a core group of juvenile justice and community mental health and substance abuse professionals. We would expect this group to be somewhere consistent from one region to another and would include the following:

Position	Affiliation
Regional Administrator	Department of Mental Health
Assistant Regional Administrator	Division of Alcohol and Drug Abuse
Senior Juvenile Officer or Designee	Each Juvenile Circuit Court in the Region
Director	Community Adolescent Substance Abuse Treatment Centers
Director	Juvenile Drug Courts
Facility Managers	Division of Youth Services
Regional Substance Abuse Coordinators	Division of Youth Services
Regional Administrator	Division of Youth Services
Youth Unit Officer or Designee	Each Police Department in the Region

It is at this regional level we would expect to see true integration of substance abuse treatment and the juvenile justice system take place. The guide for building and maintaining these regional networks will be “Strategies for Integrating Substance Abuse Treatment and the Juvenile Justice System: A Practice Guide.” (CSAT, 1999) We will specifically promote support for the guiding principles outlined on page 6 of that document:

- The importance of reshaping our view of offender youth and their families into a more strengths-based perspective.
- The importance of providing holistic, effective, culturally relevant and gender-specific substance abuse treatment for juvenile offenders.
- The importance of working together across systems (juvenile justice, substance abuse treatment, faith communities, schools, community-based organizations, and other providers of health and social services) to achieve successful and lasting outcomes.